

# I/DD Program Bulletin



Plans of Care updates for **Day Supports** should be emailed to Laura Leistra at [Laura.Leistra@kdads.ks.gov](mailto:Laura.Leistra@kdads.ks.gov)

**Lunch and Learn Provider Calls**  
Mondays & Fridays  
11:00 am to 12:00 pm  
*Email Questions to*  
[providerforum@kdads.ks.gov](mailto:providerforum@kdads.ks.gov)

Upcoming **Training Schedules** are available online at **[kdads.ks.gov](http://kdads.ks.gov)** under the "Provider Information" tab

## Bulletin Update for December 20, 2013

- + Lunch and Learn
- + Document Uploads on Web Utility
- + New HCBS-IDD Member
- + Day Supports
- + Plans of Care
- + BASIS
- + Frequently Asked Questions (FAQs)

---

### Ongoing:

**Lunch and Learn Calls:** Beginning with December 9<sup>th</sup>, KDADS hosted bi-weekly calls with I/DD system providers to address KanCare implementation issues. Calls are scheduled for Mondays and Fridays from 11:00-12:00 noon, we anticipate the calls will continue through the first quarter of 2014. Callers may submit questions to **PROVIDERFORUM@kdads.ks.gov**.

Registration for the calls is required and can be completed at the following website:  
[http://www.kdads.ks.gov/CSP/IDD/KanCare\\_Imp/IDD\\_Implementation\\_Calendar.html](http://www.kdads.ks.gov/CSP/IDD/KanCare_Imp/IDD_Implementation_Calendar.html)

**Call in Number:** 1.866.620.7326  
**Conference Code:** 4283583031

## Document Uploads:

- ✚ The records are required by the Kansas Department for Aging and Disability Services for continuity of care for I/DD consumers as we move into KanCare

**File Upload to KDADS:** This is a reminder that KDADS needs Person Centered Support Plans, current Plans of Care, Behavior Support Plans, and other documentation regarding individuals uploaded into KAMIS. This information will be shared with the individual's MCO Care Coordinator to help them get to know the member and pre-populate information for assessments and developing the Integrated Support Plans. This information is invaluable in maximizing the communication between providers, CDDOs, Targeted Case Managers and the MCOs to ensure that individuals are having their needs met through comprehensive care coordination and targeted case management. We appreciate all of the TCMs and CDDOs who have already begun uploading this information.

Documents can be uploaded by going to <http://www.aging.ks.gov/Default.html> and clicking on File Uploads (center, bottom of the page). If you have problems with the upload, please email the HelpDesk at [helpdesk@kdads.ks.gov](mailto:helpdesk@kdads.ks.gov) for assistance. Please review the Frequently Asked Questions, attached below.

## Plan of Care Process

The attached Plan of Care Workflow was developed in conjunction with the Managed Care Organizations, HCBS-IDD KanCare Pilot Workgroup, and CDDO Workgroup. This document reflects the process for developing the HCBS-IDD Plan of Care and Integrated Support Plan that will reflect the comprehensive care and long-term supports and services for an individual on the HCBS-IDD Program.

- ✚ TCMs will continue to participate in the BASIS process, develop the Person-Centered Support Plan, Behavior Support plan and other documents, as well as conduct the Needs Assessment.
- ✚ MCO Care Coordinators will work with the TCM, conduct the Health Risk/Needs Assessment for non-HCBS services and supports, and develop the Integrated Support Plan (which includes the HCBS-POC services and supports) in conjunction with the TCM, member and the member's support team. They will send the Integrated Support Plan to all of the providers the member chooses and has included on their ISP.

## New HCBS IDD Member:

For new HCBS-IDD consumer coming off the waiting list pending Medicaid financial eligibility coding, CDDOs will not be able to submit plans of care until DCF has applied HCBS-IDD eligibility in the Medicaid Management Information System (MMIS).

- ✚ CDDOs should track consumers pending eligibility coding and contact their assigned Plan of Care reviewer when consumer has been coded HCBS-IDD eligible. For Assignments, please review the letter sent on November 15, 2013.
- ✚ CDDOs may upload paper Plans of Care on the person's administration form in KAMIS
- ✚ **Plans of Care:**
  - Day service procedure code (T2021) plans of care will be approved by January 1, 2014.
  - Last day for plans of care submission is 12/20/13.

- **DO NOT** add changes to current Plans of Care (POC) as this will put them into evaluation status
- Any updates after 12/20/13 must be sent to Laura Leistra at [Laura.Leistra@kdads.ks.gov](mailto:Laura.Leistra@kdads.ks.gov).
- KDADS staff will continue to provide technical assistance for Plan of Care related issues for POC authorized prior to 01/01/14.

### **Day Supports:**

- + No wildcard numbers may be used.
  - Plans of Care may be returned if providers and their assigned number of units are not listed on Plans of Care.
  - If a provider's information is not provided you will not be able to bill for services. Prior authorization will be required by the MCO
- + Day service units are billable up to 8 hours per day.
  - Plans of Care will be developed with providers that indicate the total number of units assigned to each provider. The Wildcard is no longer an option after January 1, 2014.
  - If there is a change in the number of units a provider needs or intends to use, the provider will need to contact the other Day Supports provider to arrange the change in units and contact the MCO for prior authorization to prevent duplication and overutilization of units. This process remains similar to the process currently used.
- + Day Supports Billing
  - Day Supports Procedure Code = T2021. You will not be able to bill for T2020 after January 1, 2014 for dates of services that occur after January 1, 2014.
  - T202: 1 unit = 15minutes. You may ONLY round the last unit of a billing cycle (typically one week). Rounding to next unit: more than 8 minutes.
  - Day service units cannot exceed 460 units per month or as authorized on the plans of care.
  - Please contact your MCO or attend their MCO training to learn more about Date Span Billing.

### **Client Obligations:**

KDADS approvers are noticing client obligations changes after plans of care have been submitted. KDADS will reassign the client obligation amount as it is displayed in the system at the time the plans of care are approved.

- + KDADS approvers will not reassign providers during this time. In the event a new provider assignment is necessary, the TCM or CDDO will need to contact the managed care health plans for any necessary changes following implementation.
- + KDADS will work to DCF to provide more information to providers about the changes made to Client Obligation. This information will be available in a future weekly bulletin.

### **Billing Concerns/ Issues:**

Providers are encouraged to reach out to their MCO provider representative for billing related issues.

### **Recommended Best Practices:**

1. Check for a Prior Authorization before billing to ensure the authorization is in place (this is important for services provided before and after January 1st)
2. Get familiar with the MCOs websites
3. Check the KDADS and KanCare websites frequently for information

## **BASIS Update:**

Per Deby Zimmerman (KDADS IT): BASIS is active in Production. Some of you have already been in and using it. Some items to note:

1. Your customers have not been moved out from under the AAA/ADRC's where we had them parked since around March. We did that so that we could go ahead and have all the information updated as it came over from the DCF/MMIS nightly feeds. It was anticipated that this would have happened last week but there has been a couple of staffing issues.
2. The shuffling of the customers will be done next week.
3. In the meantime, you can find your customer by using the name and one of the following: SSN, Medicaid ID, Date of Birth.
4. If you need to add an assessment on a person before the shuffling is complete, just request a TRANSFER from the AAA/ADRC. See Chapter 10 for instructions.
5. All usernames and passwords and security access has been completed. I do have a few that had not (or I can't find them) completed the on-line security agreement. Those persons will be getting a separate e-mail from me. Otherwise, if you have not received it yet, please call the KDADS Help Desk.
6. If you find any issues or have questions or concerns, please let us know. You can contact the KDADS Help Desk or put in a Problem Report, [helpdesk@kdads.ks.gov](mailto:helpdesk@kdads.ks.gov) or via phone 785-296-4987.

## Frequently Asked Questions-FAQs

Q: What is the purpose of uploading documents to KDADS?

A: The records are required by the Kansas Department for Aging and Disability Services for continuity of care for I/DD consumers as we move into KanCare

Q: Which documents are required? Plans of care, Person centered support plan, behavior support plan?

A: As mentioned in educational training earlier this fall, the plans of care, person centered plan and behavioral support plan will be necessary in order develop a comprehensive plan of care. The IEP may be uploaded if available as part of the consumer's case file.

Q: Which POC should be uploaded? Does it need to be a signed and approved POC?

A: The most recent plans of care should be uploaded and meet the documentation requirement of the program.

Q: Who do we contact if we have problems with uploading?

A: KDADS HelpDesk: [helpdesk@kdads.ks.gov](mailto:helpdesk@kdads.ks.gov) or via phone 785-296-4987

Q: Can providers continue to bill through KMAP?

A: You may continue to bill through KMAP, in the same manner that you have billed in the past. You have the additional option to bill directly with the MCO and sign up to receive Electronic Funds Transfer (EFT) instead of a paper check.